tip of the occipital lobe, caused by the occlusion of the parieto-temporal branch of each middle cerebral artery from the point where it was given off. The calcarine cortex, optic radiations, and optic tracts were normal. The case shows that extreme disturbance of vision may result from interference with the higher cortical visual centers alone.

C. D. CAMP (Philadelphia).

A CASE SIMULATING INTRACRANIAL TUMOR IN WHICH RECOVERY WAS ASSOCIATED WITH PERSISTENT CEREBROSPINAL RHINORRHEA. T. R. Glynn and E. E. Glynn (The British Medical Journal, April 22, 1905).

The first symptoms developed after a traumatism to the top of the head, which caused a temporary loss of consciousness. For the next three years he had recurrent attacks of headache, about every two weeks, associated with vomiting, giddiness and depression, and double vision on looking toward the left. He suffered constantly with failure of memory, lack of energy and some giddiness, any attempt to stoop causing him to fall forward. On examination he was found to have weakness in external rectus muscle, an optic neuritis, exaggerated knee-jerks and a marked left hemianalgesia. In the next year he failed gradually so that there was a distinct failure of muscular power of the extremities and tremor of the hands. He became demented, had three epileptiform convulsions in the year, and developed incontinence of urine and was nearly blind. When in this condition clear fluid commenced to escape in drops from the right nostril and he immediately began to improve. His mental vigor and muscular strength returned and his sight was restored. A year later he was almost completely restored to health. The optic neuritis and all other signs of cerebral mischief had disappeared. A careful examination of the fluid showed it to have all the physical and chemical characteristics of the cerebrospinal fluid. It was excreted at the rate of about seven ounces in twenty-four hours, a less amount than in any other reported case.

C. D. CAMP (Philadelphia).

A STUDY OF ACUTE HEMORRHAGIC ENCEPHALITIS. E. E. Southard and C. W. Keene (The American Journal of the Medical Sciences, March, 1905).

Six fatal cases in man were examined, all but one cases of general infection with the *staphylococcus aureus.* A history of antecedent disease was the rule. The syndromes, which were chiefly of sudden onset and rapid course, were pyemic, meningitic or cerebral in type. The slower course gave more cerebral symptoms. The type of inflammation produced by the *staphylococcus aureus* in man is one in which hemorrhage is a prominent feature. The site of election for the hemorrhagic lesions is the subcortical region supplied by the long or medullary branches of the cortical vascular system, and they vary in appearance from red softening or multiple ecchymosis to frank and sometimes voluminous hemorrhage. Experiments on guinea pigs carried out at the same time showed that the *staphylococcus pyogenes aureus* produces in their brains an inflammatory process, which is shown as a meningitis, ependymitis, or exudation into the brain substance which tends to subside in a limited period without producing hemorrhages, except miliary perivascular ones. Perhaps, also, there are in man cases of encephalitis which reverse themselves and may be mistaken for "functional" diseases and furnish "functional" symptoms during and after tissue repair. C. D. CAMP (Philadelphia).

AN INVESTIGATION ON THE REGENERATION OF NERVES. Basil Kilvington (The British Medical Journal, April 29, 1905).

After reviewing the literature on regeneration of nerves, the author details his own experiments which were made on the popliteal nerves of dogs. The results of the reunion after division, and suturing in various combinations, such as the central end of the internal popliteal to the peripheral portions of both internal and external popliteal nerves, are investigated both from an anatomical and physiological standpoint. The author summarizes his conclusions as follows: "It is possible to function the two opposing groups of muscles by a single nerve, which previously supplied one group only. Second, when the central end of one nerve is joined to the peripheral ends of two nerves there are many more fibers in the peripheral nerves than in the central nerve, so that the nerve fibers in the proximal trunk divide on going to the distal trunks. Third, in some cases, at least, some of the branches from one nerve fiber go to supply one set and others the opposing set of muscles. This may prevent very delicate movements being restored. Fourth, after this form of suturing the arrangement of the nerve fasciculi in the peripheral nerves is considerably altered. C. D. CAMP (Philadelphia).

CEREBRAL SYMPTOMS IN MEASLES. . Guy J. Branson (British Medical Journal, April 29, 1905).

The case appeared to be a simple, uncomplicated attack of measles, but on the next day after the appearance of the rash there were noted frequent twitchings of the face and limbs, and the day following a severe general convulsion accompanied by unconsciousness. There were no paralyses or localizing symptoms, but the attack was followed by intense restlessness and cerebral irritability. All the symptoms completely disappeared as the measles rash and fever cleared up.

C. D. CAMP (Philadelphia).

DISSEMINATED SYPHILITIC ENCEPHALITIS. Albert M. Barrett (The American Journal of the Medical Sciences, March, 1905).

A case of brain syphilis occurring in the secondary stage of the disease. The symptoms were those of gradually progressive dementia accompanied by ocular symptoms and general spasticity of the limbs, which was more marked on the left side. Death occurred in coma, and at autopsy the greater affection of the left side was explained by the discovery of a small hemorrhage in the right side of the pons. A detailed histological examination of the brain revealed areas of acute localized encephalitis not apparently connected with the meningitis, which was also present. There was also found a typical diffuse encephalitis, syphilitic arteritis, etc.

C. D. CAMP (Philadelphia).

REGENERATION OF NERVES. Mott, Halliburton and Edwards (Proceedings of the Physiological Society, March 19, 1904).

These authors have followed their studies in nerve degeneration with others in nerve regeneration. Early in the degeneration of the nerve fibers the neurilemma cells multiply, and later seem to assist the phagocytes in the removal of the broken-up myelin drops. The neurilemma cells are found in elongated strands concealing the newly formed axis cylinder. The authors conclude that this cylinder proceeds alone from the central end of the divided nerve, and that the peripheral cells simply act as a scaffolding for it. They call attention to the fact that histological evidence is not sufficient to establish the identity of a nerve fiber; that a strand which looks like one is not really such unless capable of responding to excitation and conducting nerve impulses. The peripheral theory of nerve regeneration has been held to be supported by clinical evidence, on the ground that after freshening up and suturing a divided nerve, sensation returns within forty-eight hours. A case is noted, however, in which the patient stated shortly after the operation that he was able to feel, but these sensations disappeared again in a short time and feeling did not really